## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10624449

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			38				ļ	RATE	FEE		RATE	FEE
FO	R		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
то	TAL CHARGEA	BLE CLAIMS	46 minus 20=		· 26			XS 9=	234	OR	XS18=	
IND	EPENDENT CL	6 minus 3 =		3			X43=	129	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT						[X]		+145=	145	OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	893	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							١	SMALL E	NTITY	OR	OTHER SMALL	
AMENDMENT A	(1)	(Column 1)  CLAIMS REMAINING AFTER AMENDMENT		(Colur HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	<sub>ו</sub>		ADDI-			ADDI-
	"/24 04							RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	. 13	Minus	**	46	= Ø	]	X\$ 9=		OR	X\$18=	
	Independent	* 7	Minus	***	φ	=	]	X43=		OR	<del>X86</del> -	88.
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN.	T CLAIM		j	+145=		OR	+290=	
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	98.
		(Column 1)		(Colu	mn 2)	(Column 3	)	ADDIT. FEE		•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT	_	NUN PREVI	HEST IBER OUSLY FOR	PRESENT. EXTRA		RATE	ADDI- TIONAL FEE		-RATE-	ADDI- TIONAL. FEE
	Total	*	Minus	**		=		XS 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDEN	T CLAIM	<u> </u>	_	+145=		ОВ	+290=	
TOTAL										OR	TOTAL	
ADDIT. FEE ADDIT. FEE												
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGI NUM PREVI	HEST MBER IOUSLY DECP	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	я	Mirius	£7K		=		XŞ 9=		OR	X\$18=	
	Independent	*	Minus	***		<u></u>	_	X43=		OR	X86=	
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLA!M +145=									OR	200	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE										OR	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												•

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

RECEIVED CENTRAL FAX CENTER NOV 2 4 2004

Applicant:

Daniel N. Ozick

Serial No.

10/624,449

Filed:

July 22, 2003

Title:

Capacitive Sensor Systems And Methods With Increased

Resolution And Automatic Calibration

Examiner.

Amy He

Art Unit:

2858

Attorney Docket:

ISR-010CON

Certificate of Facsimile Transmission

I hereby certify that the attached correspondence is being transmitted via facsimile to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, facsimile telephone number 703.872.9306, on this day, November 24, 2004.

Signature of Person Faxing Correspondence:

Sunshine Limanni

Printed Name of Person Faxing Correspondence:

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-2450 11 Total Pages

## <u>AMENDMENT</u>

Sir:

In response to the Office Action mailed August 31, 2004, please amend the above-referenced application as follows to place this application in condition for allowance.

PAGE 1/11 \* RCVD AT 11/21/2004 12:32:22 PM (Eastern Standard Time) \* SVR.JISPTO-EFXRP-114 \* DNIS:8729306 \* CSID:017 350 8878 \* DURATION (num-ex):08-12

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